

**Indiana Mental Health and Addiction Transformation Work Group  
Consumer/Family Involvement Sub-Committee:**

**To Be Full Partners in Service Delivery, Consumers and Families Need:**

1. A Public Health Prevention / Early Intervention Approach which ensures promotion of health and safety
2. Offers of hope
3. Safe, warm treatment environments that facilitate trust
4. To be treated with Dignity and Respect, including Respect for Cultural Diversity
5. Treatment that is free of labeling, stigmatizing, discriminating based on a diagnosis or disease
6. To be addressed with Person first language
7. To be treated in the same manner as we would if we had any physical illness
8. No wrong doors into the treatment system
9. Treatment which universally welcomes all, even the most difficult to serve or dually diagnosed
10. A holistic approach which values our unique strengths and attributes
11. A Focus on partnership and empowerment
12. To be in control of our treatment
13. Coercion-free and re-traumatization- free environment
14. Ability to increase self management of our illness and build resiliency
15. To be encouraged to achieve an improved sense of mastery over the condition
- 16. A statewide standard assessment process which identifies all disorders and a standardized level of care across the state**
17. An individualized, inclusive treatment process
18. Education about the diagnosis, disorder
19. Information, resources and a range of treatment options to exercise choice
20. To be informed in writing of the costs which are going to be charged to the individual
21. Empowerment of individuals and families in recovery to direct our own healing
22. Consumers and family drive all phases of treatment planning
23. Consumers and parents or primary caregivers included in treatment planning meetings
24. Access to layman's terminology during those meetings
25. Emphasis on resilience and recovery processes as opposed to pathology and disease processes
26. Recognition of multiple long-term pathways and styles of recovery
27. Practice of trauma-informed care
28. A shift in the service relationship from the acute care model which is hierarchical {authoritarian}, time-limited and highly commercialized to the recovery model which is less hierarchical, more time-sustained and more natural. The service provider role is more that of a teacher and ally within a

long-term health care partnership. {Great Lakes Addiction Technology Transfer Center Bulletin, October 2005}

29. Open access of service providers and clinicians providing services
- 30. The right to change providers and have the funding follow the person**
31. Providers who promote self-advocacy, personal responsibility and self-determination in the consumer
32. Healthy expectations of positive outcomes
33. Clinician who sees Recovery as a non-linear process and occasional setback is not failure
- 34. Quality assurance and continuous assessment of effectiveness and accountability of the service they receive**
35. Treatment provided in the least restrictive community environment
36. Linkage to natural supports in our community
37. Provider who helps us to regain a meaningful sense of membership in the community
- 38. A real choice of a variety of residential living options with supports**
39. The support of true interagency collaboration with interdependence and shared responsibility
40. Understanding of and respect for quality of life issues for all team members within the system of care
41. A choice of participating in supported education and supported employment
42. Providers who can offer information and referral to community resources, including:
  - ✓ Basic human and civil rights advice, advocacy services
  - ✓ Education on rights under the ADA, IDEIA, FHA and WIA
  - ✓ Opportunities to learn Self-advocacy, leadership and Negotiation skills
  - ✓ Training on reasonable accommodations: housing, education, employment
  - ✓ Information on legal avenues and options such as psychiatric advanced directives and durable medical power of attorney
  - Opportunities for peer support and self-help, including:
    - ✓ A choice of providers which includes a vibrant self-help network, including Peer-run services / Peer-owned and operated services
    - ✓ Opportunities to use the consumer/family experiential expertise in providing training and peer support services in hospitals, community mental health / addiction treatment settings and in correctional settings

**To Be Full Partners in Service Delivery in State Operated Facilities, Consumers and Families Need:**

- 1. A required statewide uniform assessment for level of care for adults as well as children by an independent evaluator before admission to any residential psychiatric institution**
2. To be assessed at intake with an instrument which is trauma informed, and to note in the treatment plan that the individual is receiving trauma informed care
3. To be informed in writing of the costs which are going to be charged to the patient for the commitment while in the facility
4. To have access to benefits / financial counseling or planning provided by the hospital staff in accordance with state statute
- 5. A required statewide uniform assessment for level of care for adults and children by an independent evaluator to determine whether the patient is ready for discharge**
6. To be informed of the patients rights under the Gatekeeper rule and the community care rule, and of the grievance procedures to follow when care requirements are not followed
- 7. To no longer be charged for treatment fees once level of care reaches discharge criteria**
8. To be informed in writing of our rights under Olmstead and the ADA for community integration, and access to an attorney if needed
9. To be informed of exactly where I am on the DMHA Olmstead Plan waiting list to be released from the hospital and reintegrated into the community
10. The environment and primary culture transformed from one of "Control" to a recovery model which relies heavily on individual trauma-informed assessment and treatment to reduce and ultimately eliminate seclusion and restraints.
11. To be protected from victimization, including harassment, assault or rape. The inclusion of predator type populations on hospital grounds is of great concern. Such populations should be excluded from the SOF when at all possible to decrease further victimization.
12. Elimination of discriminatory practices /policies (other than those that restore competency as prescribed by law) that place restrictions on consumers based solely on the fact that they are committed to a State Operated Facility. Examples of such practices include being placed on an unwanted diet when competent to make healthcare decisions, being provided no area to smoke cigarettes if competent to make that decision, no appropriate accommodations to have conjugal relations, and being restricted from privileges for behaviors that are not dangerous to self/others.